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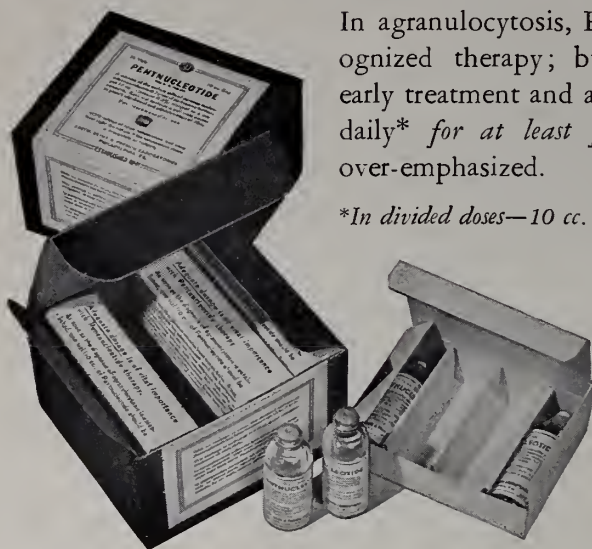
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In agranulocytosis, Pentnucleotide is a recognized therapy; but the importance of early treatment and adequate dosage (40 cc. daily* *for at least four days*) cannot be over-emphasized.

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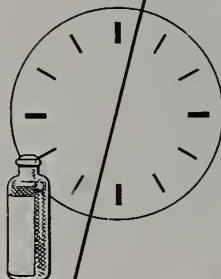


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A new concept of cereal nutrition, easy of preparation, nonwasteful, fore-runner of present-day widely practised principles of food fortification—remember?



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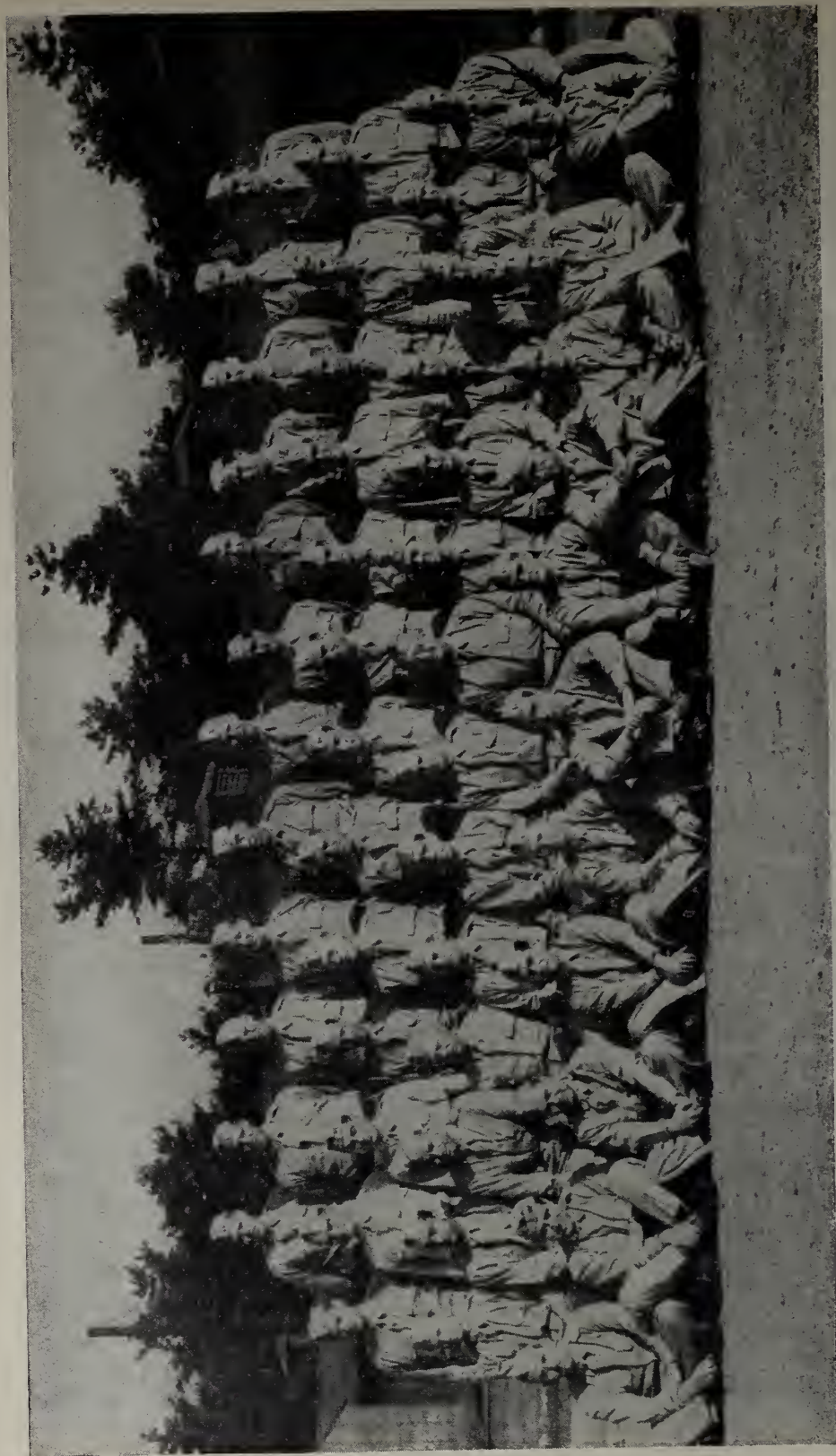
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U. S. GENERAL HOSPITAL
(Key on opposite page)

U. S. General Hospital

On March 15, 1940 the Trustees of the Boston City Hospital voted to accept sponsorship of a General Hospital, as an affiliated unit of the Medical Reserve, U. S. Army, thus carrying on the tradition established by the Boston City Hospital when it sponsored a Base Hospital in the world war of twenty-five years ago.

Acceptance of this responsibility on the part of the Hospital was promptly approved by the Secretary of War and by the Surgeon General, and Dr. James W. Manary, Hospital Superintendent, was so informed by the Adjutant General, Major General E. S. Adams.

The parent organization came into existence in December, 1916, also as an affiliated unit of the Medical Corps Reserve. In February, 1918, it was mobilized at Camp Devens, under the command of Col. A. M. Smith, M.C., and with Lt. Col. E.

H. Nichols and Major J. J. Thomas, both of the Boston City Hospital Staff, as heads of the surgical and medical services respectively. On July 8, 1918, the unit sailed from New York on the *Leviathan*, and arrived at Brest one week later. A fortnight at this port, and the personnel proceeded to Joue-les-Tours, Dept. Inde et Loire, where the hospital was set up for permanent operation.

The first convoy of sick and wounded arrived August 18, 1918, and from this date until the following January, 3,518 sick and wounded were received by convoy.

The personnel of the unit left St. Nazaire in March of 1919, and were finally mustered out of the service at Camp Devens on April 14, 1919.

Organization of General Hospital

Under the leadership of Lt. Col. Robert C. Cochrane and Lt. Col. W. Richard

KEY TO FRONTISPIECE

FIRST ROW: Captain Charles O. Wirey, Captain Francis C. Ortolani, Captain Phillip E. Schultz, 1st Lieutenant John A. Fabro, 1st Lieutenant Russell L. Baker, Captain Raymond A. Dillon, Captain William V. Hindle, Captain William H. Lee, Captain Sidney Cohen, Warrant Officer Roy E. Boulter, 2nd Lieutenant Ovid H. Calderone.

SECOND ROW: Major Walter R. Wegner, Major William H. Holtham, Major Philip S. Foisie, Major Joseph P. Cohen, Major Julius Abramson, Lt. Colonel Allan L. Davis, Chief of Surgical Service, 1st Lieutenant Eliot Landsman, Adjutant, Colonel Robert C. Cochrane, Commanding Officer, Lieutenant Colonel Laurence B. Ellis, Chief of Medical Service, Major Albert G. Engelbach, Executive Officer, Major Oscar J. Wollenman, Jr., Major Winthrop Wetherbee, Jr., Major Landon Snedeker, Major James K. Bragger.

THIRD ROW: Captain Sawyer Foster, Major Herbert G. Dunphy, Captain Walter C. Guralnick, 2nd Lieutenant Alfred Brueckner, Captain Phillip H. Gates, Captain Charles W. Bush, Jr., Captain Mark Aisner, Captain L. Tillman McDaniel, Captain James S. Mansfield, Captain Robert E. Brownlee, 1st Lieutenant William J. Thaler, Captain Daniel Holzman, Captain C. Burns Foley.

FOURTH ROW: Captain John J. McManus, Major Joseph E. Flynn, Captain George E. Heels, Major Robert E. Grandfield, Captain Arthur M. Morrissey, 1st Lieutenant John F. Reynolds, Captain George R. Gagliardi, Captain Charles G. Shedd, 2nd Lieutenant Leroy R. McCormack, Major William A. Elliston, 2nd Lieutenant Thomas W. Gurney, Jr., Captain Joseph B. Barron.

ABSENT: Major William D. MacIntosh, Captain Joseph P. Lynch, Captain Harlow C. Walker, 1st Lieutenant John J. Connor, 1st Lieutenant John B. Hamblet, 1st Lieutenant James J. McManus, 2nd Lieutenant Joseph M. Arndt, Jr., 2nd Lieutenant John W. Huntman, Jr.

NOTE: Photograph taken 2 August 1943.

Ohler, both veterans of the former Base Hospital, the first steps for the procurement of officer personnel for the new unit were taken in the late spring of 1940. Army Regulations specified that only members of the Hospital Staff would be eligible for commissions, and that any member-designate of the unit who ceased to be connected with the Hospital would automatically vacate his reserve commission. Tables of Organization in force at that time called for a 1000-bed hospital, with a professional staff of officers and nurses, and an enlisted personnel. Subsequently, the number of officers was increased to include the administrative branch.

Professional Staff

After many weeks of correspondence with heads of the various medical and surgical services at the Hospital, conferences and consultations with the Deans of the Boston University, Harvard, and Tufts Medical Schools, and weighing of pros and cons of personal fitness, family responsibilities, hospital and medical school teaching requirements, and the demands of civilian activities and private practice, the roster of officers was gradually completed, and at the time of writing stands as follows:

Director: Colonel Robert C. Cochrane, M. C.

Medical Service:

Chief: Lt. Col. Laurence B. Ellis

Asst. Chief: Major Richard P. Stetson

Chiefs of Sections: Majors Winthrop Wetherbee, Jr., Wilfred Bloomberg, Charles J. Cataldo, Dudley Merrill, Lendon Snedeker, Julius Abramson

Ward Officers: Captains John P. McManus, James S. Mansfield, Daniel Holzman, Mark Aisner, Sawyer Foster, Phillip H. Gates, Sidney Cohen, Lewis T. McDaniel, Robert E. Brownlee; Lieutenants Emmanuel Deutsch, Harold L. Siegal, Russel L. Baker, Jack Wexler

Surgical Service:

Chief: Lt. Col. Allan L. Davis

Asst. Chief: Major Philip Poisie

Chiefs of Sections: Majors William H. Holtham, Walter Wegner, Herbert G. Dunphy, Frank J. Gavolio, William R. Elliston

Ward Officers: Captains Charles G. Shedd, George R. Gagliardi, Arthur M. Morrissey, Joseph Tartakoff, Frank P. Morse, Jr.,

Philip E. Schultz, Ashbel C. Williams, William V. Hindle, Paul C. Keleher, Charles W. Bush, Jr., Joseph P. Lynch; Lieutenants Karl W. Keller, John A. Fabro, John F. Reynolds*

Laboratory Service:

Captains Jesse E. Edwards, Oscar J. Wolleman
Lt. John C. Hamblet

X-ray Service:

Major Robert G. Grandfield
Captain R. A. Dillon
Lt. William A. Carey, Jr.

Dental Service:

Major W. D. MacIntosh
Captains Francis C. Ortolani, Raymond D. Jones, C. B. Foley
Lieutenants Joseph B. Barron, John Kelleher
Commander Med. Detachment: Major J. Edward Flynn

Mess Officer: Lt. George E. Heels

Registrar: Major Joseph P. Cohen

Receiving Officer: Major James K. Bragger

Med. Supply Office: Capt. H. C. A. Walker, M.A.C.

Detachment Office: Captain W. H. Lee, M.A.C.

Registrar's Office: Lt. Mark G. Dowling, M.A.C.

Executive Officer: Major Albert G. Engelbach

* Indicates commission for which recommended

Nurses

Under the direction of Lt. Alice R. Teague, Principal Chief Nurse, graduate of the Boston City Hospital Training School and member of the A. N. C. Reserve, the entire quota of nurses was filled well before the date of activation. With few exceptions, all are graduates of the Boston City Hospital and affiliated Training Schools.

Enlisted Personnel

Of the enlisted men required for the Hospital, the majority are supplied to such units by the War Department from the ranks of the Regular Army upon activation. Permission was granted, however, for the recruiting of a number of men exceptionally qualified for specialist's ratings—laboratory and X-ray technicians, pharmacists, trained orderlies, clerks, mess and supply sergeants, cooks, bakers, mechanics, and so forth. A number of such men were enrolled, and held for the Unit in a reserve status until orders for activation were received.

The Unit Prior to Activation

War Department policy and Army Regulations make no provision for the training of an affiliated unit in its entirety while it is in a Reserve status. Much was accomplished prior to activation, through unofficial meetings of the professional staff, and by the actions of individual members, a number of whom, nurses as well as doctors, requested and received orders to active duty before the unit as a whole was summoned.

Through the courtesy of the Department of Tropical Medicine of the Harvard Medical School, a series of lectures on Tropical Disease was given during the winter of 1942; attendance was impressive.

Blood grouping, and immunizations for smallpox, typhoid, and tetanus were carried out on all members of the Unit.

A number of unofficial visits were made to the Lovell General Hospital, as well as to the Station Hospitals at Fort Devens and Camp Edwards; hospital procedures were observed, and various problems in military medicine, new to most of the personnel, were studied.

Through the generosity of alumni and staff of the Boston City Hospital, and other friends, a substantial Fund has been raised to be applied towards the needs of the Unit as they may arise. Professional equipment, instruments and books not issued by the War Department, as well as recreational material, may thus be provided. Further

donations will still be welcome, and may be sent to the Treasurer, Dr. David D. Scannell, at the City Hospital.

Various other gifts, books, items of equipment and supply, have been received from friends and well-wishers.

On April 25, 1942, the Alumni Association of the Boston City Hospital held its annual meeting and dinner; members of the Unit attended, in uniform, and responded as the roster was called. The speaker of the evening was Dr. Irving T. McDonald, and briefer expressions of good will towards the unit were made by Mr. Carl Dreyfus, representing the Trustees of the Hospital, Mayor Tobin, representing the City of Boston, Dr. James W. Manary, Superintendent, and Dr. Frederick L. Good, President of the Senior Staff. In an impressive ceremony, Col. Cochrane received regimental colors for the Unit, presented by Dr. P. F. Butler on behalf of the Hospital Staff.

Activation

In what country, or even what hemisphere, its destiny may lie cannot be predicted; certain it is, however, that wherever the present group is sent, it will maintain the fine tradition of the old Base Hospital, and no less than its predecessor will do its part in exemplifying service to the Nation through its particular function, the conservation of fighting strength.



American Hospital in Britain

PHILIP D. WILSON, '12

On January 1, 1942, the members of the staff of the American Hospital in Britain moved from the Park Prewett Hospital in Basingstoke, where they had worked for fifteen months, to Oxford to take over and operate the new Churchill Hospital, a unit of the Emergency Medical Service of the Ministry of Health. American Hospital in Britain was a very large title for a small organization, but it had behind it a record of more than 3000 patients treated since its arrival in England. Organized in July, 1940, at the time when England stood alone facing the imminent danger of German invasion, it had the purposes of providing medical assistance in the care of British wounded and also of showing American sympathy with the British cause and thus giving moral encouragement.

It was my privilege to go over with the first unit of the organization and to make the arrangements with the Ministry of Health which lead to its assignment to the Park Prewett Hospital, where we assumed the responsibility of medical supervision for a section comprising 300 beds. Our party, numbering seven doctors and five nurses and secretaries, sailed from New York on August 22nd on the ill-fated Western Prince. She was torpedoed on her next voyage and her genial skipper, Captain Reed, with whom we struck up a warm friendship, went down with his ship. We were entirely unescorted and our voyage was uneventful, except one afternoon when we were about 100 miles from the Irish coast and our engines broke down and left us a sitting target for the lurking submarines. Repairs were soon made and we were more than happy when the propellers began to beat again and our journey was resumed. On reaching Liverpool, we quickly realized that we were in the war zone as our ship was held outside the harbor for several hours while mines that had been dropped the previous night were swept

up, and we experienced an air raid the first night ashore. But air raids soon lost their novelty and became as regular a part of our lives as eating and sleeping. This was the time when the Battle of Britain was being fought and the German Air Force was throwing its entire power into the sky for the purpose of knocking out the Royal Air Force and paving the way for invasion. We arrived in London in time for the first great night raid on the city, when the Luftwaffe found its daylight attacks too costly and changed its tactics to massed night bombing of English cities and industrial centers. We lived in London under the daily bombardment for several weeks and witnessed the mounting toll both of human casualties and of damage to buildings and installations. We saw the heroic work of the doctors and nurses in caring for the wounded in the hospitals and the magnificent performance of the rescue squads, the fire fighters and of the civilian volunteers who fought back and limited or repaired the effects of the bombs. We had the opportunity of seeing at first hand the gallant way in which the British people arose to meet these disasters and the indomitable spirit with which they carried on their normal activities in order that the war effort might not be impeded. We shared the admiration which their courage aroused throughout the world.

From October 1st, 1940, until December 31st, 1941, our organization carried on its medical activities at the Park Prewett Hospital. This was formerly a mental hospital, which at the outbreak of the war was taken over by the Emergency Medical Service and converted into a general hospital of approximately 1500 beds. As was the case with all hospitals operated by the Emergency Medical Service, it was intended to serve the medical needs of both civilians and of the military forces arising as a direct consequence of the war. It was run on civilian lines with the members of the

medical staff on full time or part time salaries from the Ministry of Health and the only personnel in uniform were the nurses. There was a small military section under British Army Officers to look after disciplinary problems among patients from the military forces and to serve as a liaison with the military establishment.

Our own section consisted of four double-decker wards, a separate operating theater and a clinical laboratory. Additional American doctors and nurses were brought over from the United States and other English nurses and helpers were employed on the spot. In addition, we were generously allowed to draw upon the services of the nursing staff of the Park Prewett Hospital. We brought with us a large amount of surgical equipment and we purchased additional material and apparatus in London. Other supplies were sent from the United States where our New York office under our devoted business manager, Mr. Chauncey Truax, stood ready at all times to provide anything from an electrocardiograph to chewing gum. Surgical dressings of all kinds were made and shipped regularly by a loyal group of women working as a unit of the British War Relief Society under the direction of Mrs. Clark Minor.

Our American section of the hospital was designated as a regional orthopedic center and the majority of patients with injuries of the bones and joints who were in other parts of the hospital were transferred to our wards thus providing a good nucleus for immediate work. Additional patients soon began to pour in, mostly victims of the air raids, although military casualties incurred in the neighboring army training centers were also common. We quickly became organized into an efficient team and our days were fully occupied with professional activities. Our nurses were quartered in the Nurses Home at the Hospital but the remainder of the staff had to live outside. We were fortunate in being able to lease a manor house, San Guilo, about six miles from the hospital at Sher-

field-on-Lodden. It had been thoroughly modernized and was beautifully furnished. It had a lovely park and garden and provided a comfortable home for our staff. The problem of transportation back and forth to the hospital was solved by the purchase of a second-hand Ford Station Wagon and of a small English four passenger sedan.

My departure to the United States took place in January, 1941, and I was succeeded as Resident Medical Director by Dr. Wallace Cole of Minneapolis, who remained until August, 1941. After him, the leadership of the organization was assumed by Dr. Charles Bradford of Boston, who by that time was a veteran, having gone over with the original unit. He stayed until January 1st, 1942, when he returned home to join the Medical Corps of the Army of the United States. The professional activities of the hospital continued on a large scale until the summer of 1941, when the Germans turned to attack Russia. A large part of the German Air Fleet was then withdrawn and the attacks from the air on England dwindled to a small scale. With the cessation of air raid casualties, our hospital admissions were reduced and were thereafter accounted for by accidents and injuries among the soldiers in the training camps.

It had always been the desire of the Directors of the American Hospital in Britain to establish their own hospital and to this objective Professor Fraser, the Director-General of the Emergency Medical Service, gave whole-hearted support. The new Churchill Hospital then under construction in Oxford offered the opportunity for carrying out this project and negotiations were begun which culminated in an agreement by which the American Hospital in Britain undertook to operate this hospital as a unit of the Emergency Medical Service. There was a clear division of financial responsibility, our own being to provide the professional staff and to assume the cost of medical care while the Emergency

Medical Service provided the hospital and basic equipment and furnished room and board for the patients.

When we arrived in Oxford on January 1st, 1942, the hospital was far from being completed. It consisted of a group of one story buildings, constructed of brick and concrete, joined together in a very convenient arrangement by covered passages. At the front was a large administration building with projecting wings on either side, forming an open court where vehicles could park. One wing was designed for storage and supplies and the other was a receiving ward for patients. Across from this court was a large rectangle of buildings which included the living quarters for the nurses and doctors and a social hall. Behind the administration building were the kitchen and dining rooms for staff and for ambulatory patients and next to these, the ward buildings arranged in the form of a rectangle with a large open court. At the end of the court was the patients' recreation building. The operating building was separate and provided two large operating rooms and a plaster room together with the necessary supply, sterilizing and anesthetizing rooms. It also housed the X-ray department. The situation was excellent, on top of a hill, looking out over a green valley to the golf course beyond. There was a large area of undeveloped land permitting further expansion if desired. The hospital had been intended originally to serve as an auxiliary to the Wingfield-Morris Orthopedic Hospital, which was situated down the road about five minutes walk away and this juxtaposition gave fine opportunity for interchange between the staffs of the two institutions.

A long and difficult job lay ahead in getting together the employees to operate this hospital, and the greatest credit is due to Miss Lorraine Setzler, R. N., our Directoress of Nursing, for undertaking and solving the hardest part of this job. The man power shortage was acute throughout England and particularly was this true in

Oxford where because it was a relatively safe area, the population had doubled or trebled. Masculine help was almost unobtainable but was partially solved through the friendly help of Sir Robert McCarrison, the group officer for the Emergency Medical Service, who obtained the assignment to us of a detachment of twenty men of the Royal Army Medical Corps under the guise of instruction. We gave them instruction one hour a day and they labored for us the other nine. We also obtained the assignment of a unit of ten men from the Friends Service. Since these two units had to live together in the same barracks and the Friends were conscientious objectors, we had great anxiety as to whether this close association might not bring difficulties but none arose. These Friends were fine men and gave devoted service. They were in training for foreign service and were willing to expose themselves without consideration of personal risk in the care of the wounded but it was against their conviction to bear arms against the enemy. It was also difficult to obtain women for domestic service but the Women's Universal Service Act had just been enacted by Parliament and a number of women preferred to work in the Hospital rather than in the defense plants or in the Women's Auxiliary Services of the Armed Forces. We also secured through the British Red Cross the services of a considerable number of VAD's or Nurses Aides. These women, although they came from families with a gentle background, had no prejudices against undertaking the hardest kind of labor, even to scrubbing floors, and their understanding of being a nurse's aide was that they were to do everything including the most menial tasks.

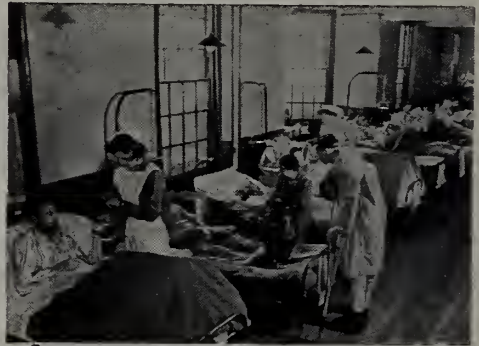
Owing to the incomplete state of construction when we arrived, we began by living in the nurses' quarters and taking our meals in the workmen's canteen. We held firmly to the conviction that the only way to get the workmen out was to move in ourselves and push them out. The ap-

plication of this principle entailed considerable hardship among our staff but it produced results. We saw progress from day to day. Soon the kitchens and dining rooms were staffed and open. The doctors' quarters were next completed and occupied, and our nurses were exerting herculean efforts to get the operating building completed and equipped.

The Hospital was to be opened by Her Royal Highness, the Duchess of Kent, and the date had been fixed for January 27th. We were told that a date with Royalty cannot be changed and furthermore that Royalty does not like to open an uncompleted establishment. The date loomed ominously ahead as the days passed and so much remained to be done. It was obviously impossible to have the whole hospital open in time as in many of the wards the concrete floors had not even been poured or the wiring installed for the electrical fixtures. We concentrated upon having two wards open and the operating building and these with the administration building, the receiving wards and dining rooms would allow us to make a good show as a going institution. We had brought with us a number of patients from Park Prewett for whom continued treatment by the same doctors was desired and these were parked out temporarily in adjacent convalescent homes. Two wards were opened three days before the opening ceremony and the patients admitted. The operating building was completed and equipped the day before the opening.

The opening ceremonies were colorful and brought together a distinguished company. Beside Her Royal Highness, there were Mr. Edward Brown, the Minister of Health, Vice-Admiral Robert Ghormley, USN, substituting for Mr. Winant, United States Ambassador, who at the last moment was detained in London, Professor Fraser, Director-General of the Emergency Medical Service, the Lord Bishop of Oxford, the Mayor of Oxford and many others representing the University of Oxford and the military establishment. Since

there was no suitable auditorium inside the hospital, it had been planned to have the speeches outside and a loud speaker system was installed so that the voices would be audible. The day began cold and overcast and we hoped that this condition would hold instead of changing for the worse. The fine marching band of the Oxfordshire Light Infantry arrived at 11 o'clock and began playing and doing evolutions. As they struck up the strain of "Marching Through Georgia," a squall broke with gusts of wind and snow. We hastily moved the stands and microphones to a covered porch where the speakers could be under shelter. A detachment of United States Marines had been kindly loaned us through the good offices of Vice-Admiral Ghormley and these were drawn up on one side



ONE OF THE WARDS

of the main entrance with a detachment of British Army personnel on the other as an honor guard when Her Royal Highness arrived. The Duchess of Marlborough, honorary chairman of the Wingfield-Morris Hospital and of our Hospital, made the opening remarks and presented the Duchess of Kent. She made a very gracious little address and presented the British and American flags to the Sergeant of Marines, who then proceeded with his detachment to hoist them on the twin flag staffs in the center of the court amidst fanfare of trumpets. After addresses by Mr. Brown, Vice-Admiral Ghormley, and the blessing pronounced by the Bishop of Ox-

ford, the party proceeded to make an inspection of the Hospital, following which we served them luncheon. Incidentally the finding of suitable food and wine for that assembly of seventy-odd persons was in itself no small feat.

Following the opening ceremony, we got down to work in earnest. Additional wards were opened and our professional responsibilities increased. More personnel, including both nurses and doctors, were arriving in a steady stream from the United States and these had to be welded into a team. This did not take as long as might have been expected because of living in the hospital, which gave the best possible opportunity to get closely acquainted. A regular schedule was soon established of ward rounds, X-ray and clinical conferences and operating appointments. There was a regular interchange of visits between the Medical Staff of the Wingfield-Morris Hospital and of our own institution which were very enjoyable. The nurses had a more difficult time in adjusting themselves to hospital life in Oxford than did the doctors. Because of the delay in the completion of new wards, there was a short period in which we had a surplus of nurses. During this time the difficulty of carrying on any kind of social life in the evenings was the greatest problem. Gasoline rationing was stringent and this ruled out the possibility of using our own motor cars. Although we were only two miles from the center of town, it was very difficult to make the journey in the blackout back and forth on foot. The winter was severe with much snow and slush and at times the cold was bitter. Motor bus transportation could be had but was very variable and uncertain. But this period was quickly lived through and soon more wards were opened and new nursing schedules organized. Also pleasant parties were planned at the Hospital to which the townspeople and members of the military forces were invited. As acquaintances developed, life for the nurses became more pleasant. Soon spring

came with longer hours of daylight and drier road surfaces so that the problem of transportation could be solved by the use of bicycles. After that we heard few complaints and life was enjoyed by all.

Oxford proved full of interest to the doctors. Innumerable courtesies were extended to them by the townspeople and by the heads and fellows of the different colleges and they soon came under the spell and charm of the old University. To dine at high table with the dons of a college with all the traditional ceremonies so carefully preserved even in war time was a real treat and a frequent occurrence. Sir Robert McCarrison, the group health officer, and Mr. G. R. Girdlestone, the orthopedic consultant to the Ministry of Health, and Professor Seddons, the chief surgeon of the Wingfield-Morris Hospital, were unflinching in constant efforts in our behalf. We also owed great gratitude to the Director of Rhodes House and his wife who gave many charming evening parties for members of our staff.

My own departure occurred March 1st and I was succeeded as Medical Director by my brother, Dr. E. Harlan Wilson, of Columbus, Ohio, who arrived a few days before I left. Thereafter I had to follow developments and progress through his reports and letters. More and more wards were completed and as rapidly as they were ready, patients were waiting to occupy them. We opened with two male surgical wards, the third was an officers' ward for whom hospital accommodations had been sadly lacking, the fourth was a medical ward and the next following became a women's ward. The fact of a women's ward may seem strange in a war hospital but the Women's Auxiliary Corps for the Army, Navy and Royal Air Force are large and we had numerous patients from their ranks. By the end of April, seven or eight wards were open and our bed occupancy was about 300. Most of the patients presented orthopedic problems. The most common were torn knee cartilages and

ligaments, foot disabilities, shoulder injuries, back sprains and fractures of all types. Battle maneuvers were held in the spring and these proved a great source of acute casualties, including numerous bullet wounds. The Hospital acted almost as a front line casualty clearing station and surgical teams were kept busy operating both day and night. Activities continued at a high level right up into July.

It had become evident ever since the United States entered the war that it would be increasingly difficult to continue the operation of the American Hospital in Britain on a civilian basis. While we could count on the services of most of the members of our medical and nursing staff for a twelve month period, it would be impossible to secure replacements for them. With our own country at war, there was no longer a place for a voluntary civilian organization like ours and it seemed best to terminate our activities by transferring the hospital to a unit of our own Army. In addition it seemed clear that the United States Army would be in need of all the hospital accommodations it could obtain and that we would be serving it a good turn in transferring such a well equipped and going hospital as the Churchill. Negotiations were begun in the spring and finally resulted in an agreement to make the transfer on July 15th. This agreement was a tripartite affair as it concerned not only our institution and the United States Department of War but also the Ministry of Health, since the hospital was built for its own Emergency Medical Service and therefore the Ministry's approval had to be obtained before even approaching the American authorities. The Ministry proved as cooperative here as it had always been in the past and finally with the full approval of all, a hospital unit of the United States Army was sent to England to take charge. It was with considerable pleasure that we learned the replacing unit was to be the Second General Hospital organized from the staff of the Presbyterian Hospital of New York City.

The last days of the staff of the American Hospital in Britain working at the Churchill Hospital in Oxford were sad. Many of the doctors and nurses had arranged to enter the United States Army while others had decided to return to the United States. The British nurses had to seek positions at hospitals elsewhere in England and the VAD's had to look forward to going back to their old hospital jobs which in contrast to ours seemed very drab and uninteresting. A fine loyal organization had been built up at the cost of a great deal of effort and to see it break up and the friends who had worked together for so many months separate to go their own way brought a great sense of loss to every individual. The transfer was made on July 15th, and at the time of the closure our organization comprised eleven American doctors and 140 nurses, laboratory technicians, secretaries and other personnel.

During the twenty-one and one-half months that the American Hospital in Britain worked in England, 3634 patients came under its care and 2858 operations were performed by its surgeons, in addition to many other minor surgical procedures. During this period, the organization sent over from the United States 23 doctors, 40 nurses, and 14 others, including technicians and secretaries. In addition, many others were employed in England, chiefly nurses and physiotherapists. It sent over from the United States 357 cases of equipment including surgical instruments, laboratory apparatus, gloves, medical supplies and surgical dressings. From the beginning until August 1, 1942, it paid out for salaries, traveling expenses and purchase of equipment the sum of \$295,000, all but about \$20,000 of which was given it by the British War Relief Society, Inc. The beginning of the American Hospital in Britain was sentimental and its ending was also sentimental. That this sentiment was not entirely one-sided from the United States is witnessed by the following letter from the Right Honorable Ernest Brown. Minister of Health:

"Now that the needs of the United States Forces over here have involved the transfer to them of the Churchill Hospital, I want to write you this short note to say how keenly we have all valued the work which your American Hospital in Britain has done for us in the Emergency Hospital Scheme—work which I understand has now had to come to an end for the time being.

"When your unit was working at the Churchill, and before that at Park Prewett, we at the Ministry of Health not only had good reason to be grateful for its direct and highly skilled help in treatment and for the generous gesture from America which it represented, we also had come to hope that it might be paving the way for long term co-operation in sharing medical skill and ideas in the future. I still hope that this will be so and that we shall be able to contrive new forms of association between American and British medical and hospital practice in the post-war period—and I believe you share this hope.

Meanwhile, please take this as an inadequate, but very genuine message of thanks, and as a wish for good luck in all activities with which the members of your unit may from now on be associated."

That this sentiment expressed by the Minister of Health was also shared by one of humbler rank, who at one time was a patient at the hospital, is shown in the following poem:

"Hands across the ocean,
Hands that are deft and strong:
They form a bond of friendship
Three thousand miles long.
Across the Broad Atlantic
To Europe's mad disease,
Came nurses, surgeons, doctors.
Thank God, for such as these,
Who tended to our wounded
With rare, uncommon skill
Though soon to be departed,
We shall remember till
The day of final Victory,
When the powers of ill shall flee.
For many a heart in England
Shall give thanks to the A. H. B."

★ *Military News* ★

The following contains 135 names in addition to our list of graduates in the service, making a total of 1482. An asterisk denotes change in rank or station. The Editor will be grateful for additions or corrections.

1912

Comdr. Whitman K. Coffin, Navy, New London, Conn.

1914

Lt. Col. Stephen A. Cobb, Jr., Army, A.P.O. 511, New York City.

1917

Lt. Col. Adrian G. Gould, Army, 22nd Gen. Hosp., Palm Springs, Colo.

Major Harry W. Woodward, Army, Station Hosp., Camp Carson, Colo.

1919

*Lt. Comdr. William M. Shedden, Navy, Boston Navy Yard, Mass.

1920

Lt. Comdr. Lauren H. Goldsmith, Navy, overseas.

Lt. Comdr. Warner Ogden, Navy, overseas.

Major John J. Sampson, Army, Sta. Hosp., Lowry Field, Colo.

1921

Major Joseph A. Crisler, Jr., Army.

*Comdr. William N. Hughes, Navy, Navy 135, F.P.O., New York City.

1922

Major Richmond L. Moore, Army, Hanumond Gen. Hosp., Modesto, Calif.

1923

Major Joseph C. Bell, Army, Percy Jones Gen. Hosp., Battle Creek, Mich.

Lt. Col. Garnett Cheney, Army, Hammond Gen. Hosp., Modesto, Calif.

Major Frank E. Fowler, Army, Letterman Gen. Hosp., San Francisco, Calif.

*Lt. Comdr. Channing S. Swan, Navy, overseas.

1924

Major Wilfred S. Clark, Army, Sta. Hosp., Lowry Field, Denver, Colo.

*Lt. Comdr. Robert N. Ganz, Navy, Newfoundland.

Major Merrill Selden F. Greene, Army, A.P.O. 511, New York City.

Lt. Comdr. John T. Jenkin, Navy, overseas.

*Lt. Col. Ashley W. Oughterson, Army, A.P.O. 502, San Francisco.

Col. Cornelius P. Rhoads, Army, Gravelly Pt., Va.

1925

*Lt. Col. William V. Cox, Army, A.P.O. 511, New York City.

Lt. Comdr. Emil A. Falk, Navy, Navy 609, F.P.O., San Francisco.

Capt. Homer W. Humiston, Army, Letterman Gen. Hosp., San Francisco.

Capt. Norman B. Murphy, Army, Sta. Hosp., Camp Crowder, Mo.

*Lt. Comdr. Joel J. Pressman, Navy.

Lt. Col. James M. Strang, Army, 58th Gen. Hosp., Camp Livingston, La.

*Lt. Col. Wilmot C. Townsend, Army, A.P.O. 758, New York City.

1926

Major John L. Branch, Army, Air Centre, Nashville, Tenn.

Lt. Comdr. Henry R. Gilbert, Navy, Naval Air Sta., Quonset Pt., R. I.

Major Donaldson W. Kingsley, Army, Dyersburg, Tenn.

Capt. Abraham J. Lanchner, Army, Lovell Gen. Hosp., Ft. Devens, Mass.

Capt. Robert C. Peale, Army, Gowen Field, Boise, Idaho.

1927

Lt. Col. John C. Eckels, Army, Sta. Hosp., Camp Edwards, Mass.

*Comdr. John H. Fay, Navy, Recruiting Sta., Providence, R. I.

Major James F. Hanson, Army, Lawson Gen. Hosp., Atlanta, Ga.

*Major Parker C. Hardin, Army, overseas.

Lt. Comdr. Allen S. Johnson, Navy, Camp Pendleton, Calif.

Capt. Alfred C. Ormond, Jr., Army, 81st Gen. Hosp., Camp White, Ore.

Lt. Comdr. Alfonso A. Palermo, Navy.

1928

*Lt. Col. Gaylord W. Anderson, Army, Office of Surgeon, War Dept., Washington, D. C.

*Comdr. Virgil G. Casten, Navy, Chelsea Naval Hosp., Mass.

Major Richard W. Farnsworth, Army, 44th Gen. Hosp., Ft. Knox, Ky.

Capt. David Jacobs, Army, Sta. Hosp., Camp Shelby, Miss.

*Lt. Comdr. Charles V. King, Navy, Naval Hosp., Norman, Okla.

Capt. David M. Kydd, Army, Ashburn Gen. Hosp., McKinney, Tex.

*Lt. Col. Cyrus H. Maxwell, Jr., Army, Camp Lee, Va.

Lt. Comdr. Joseph D. Picciotti, Navy, Naval Hosp., St. Albans, L. I., N. Y.

Major John D. Stewart, Army, Halloran Gen. Hosp., N. Y.

*Major Ralph F. Traver, Army, 31st Portable Surg. Hosp.



MAJOR ELIOT SNOW, '28

1929

- Lt. Comdr Herbert D. Adams, Navy, Naval Hosp., Norfolk, Va.
 Major William G. Barrett, Army.
 Capt. Lazarre J. Courtright, Army, Dallas, Tex.
 Major Charles W. Ingle, Jr., Army, A.P.O. 929, San Francisco.
 *Comdr. John K. Patterson, Navy, A.T.D. Port, Hueneme, Calif.
 *Major Herbert Sherwin, Army, Charleston, S. C.

1930

- *Comdr. Allan S. Chrisman, Navy, F.P.O., San Francisco.
 *Capt. Charles H. Finke, Army, A.P.O. 4713, San Francisco.
 Major Clifford C. Franseen, Army, Stark Gen. Hosp., Charleston, S. C.
 Lt. Evan M. Kackley, Navy, at sea.
 Major John W. Kane, Army, A.P.O. 647, New York City.
 *Major Lewis S. Pilcher, Army, Fletcher Gen. Hosp., Cambridge, Ohio.
 Major Harold E. Pressey, Army, Ft. Bragg, N. C.
 *Major Norman W. Thiessen, 2nd Sta. Hosp., Ft. Bragg, N. C.

1931

- Capt. Hollis L. Albright, Army, 348th Sta. Hosp., Camp Beale, Calif.
 Capt. Charles H. Bradford, Army, A.P.O. 704, San Francisco.
 *Major Leo B. Burgin, Army, A.P.O. 1, New York City.
 *Lt. Col. James C. Harberson, Army, Sta. Hosp., Camp Carson, Colo.
 Major Champ Lyons, Army, Halloran Gen. Hosp., New York.
 *Major Fred M. Slaughter, Army, Ft. Bliss, Tex.
 Lt. Comdr. Eldredge W. Stratford, Navy.

1932

- *Capt. John C. Angley, Army, A.P.O. 600, New York City.
 Lt. James A. Atkins, Army, Camp Livingston, La.
 Major Henry K. U. Beecher, Army, Lovell Gen. Hosp., Ft. Devens, Mass.
 *Capt. Alan R. Chambers, Army, Indiantown Gap Military Reservation, Pa.
 Capt. Carl A. Kunath, Army, Sta. Hosp., Laredo, Texas.
 Capt. Jesse S. Parker, Army, Air Service Command, Santa Maria, Calif.
 *Lt. Willard B. Rew, Navy, Sand Point, Alaska.



CAPT. ROBERT G. SNOW, 35



"SOMEWHERE IN AFRICA"

Major Alfred Kranes, '30; Major Grantley W. Taylor, '22; Major Sylvester B. Kelley, '29.

Capt. Roger S. Whitney, Army, A.P.O. 875, New York City.

1933

Lt. Marshall L. Carter, Navy, F.P.O., San Francisco.

Capt. Hugh M. Crumay, Army, Bowman Field, Louisville, Ky.

*Capt. John R. Earl, Army, A.P.O. 763, New York City.

Major Maxwell R. Hunter, Army, A.P.O. 948, Seattle.

Capt. August F. Jonas, Army, A.P.O. 927, San Francisco.

Lt. Ralph W. Mather, Navy, F.P.O., San Francisco.

Capt. George T. McKean, Army, A.P.O. 4660, New York City.

Capt. Howard G. Nichols, Army, McCloskey Gen. Hosp., Temple, Tex.

*Major Christopher G. Parnall, Army, 19th Gen. Hosp.

Capt. Patrick F. Pender, Army, A.P.O. 472, New York City.

*Capt. Arnold F. E. Settlage, Army, A.P.O. 860, New York City.

Capt. Kirk Shepard, Army, A.P.O. 737, New York City.

Capt. John P. Trommald, Army, 46th Gen. Hosp., Ft. Riley, Kans.

Capt. Robert F. Warren, Army, Hoff Gen. Hosp., Santa Barbara, Calif.

1934

Major Lewis N. Adams, Army, Camp Haan, Calif.

Major Frederick M. Anderson, Army, Letterman Gen. Hosp., San Francisco.

*Lt. Norman H. Bruce, Navy, F.P.O., San Francisco.

Lt. Paul B. Cassaday, Navy, Naval Air Sta. Dispensary, Pensacola, Fla.

*Lt. Col. William R. Lovelace, Army, Wright Field, Dayton, Ohio.

*Capt. Aage E. Nielsen, Army, A.P.O. 763, New York City.

Lt. Col. Robert F. Nuessle, Army, A.P.O. 304, Ft. Lewis, Wash.

Capt. Grant L. Otis, Army, 280th Sta. Hosp., Camp Livingston, La.

*Major Eugene R. Sullivan, Army, A.P.O. 764, New York City.

1935

Capt. Albert W. Cowan, Army, Post Hosp., Camp Breckenridge, Ky.

Lt. Paul D. Giddings, Navy, New River, N. C.

Lt. Wayne Hobbs, Navy, Naval Hosp., Phila., Pa.

Lt. Ralph R. Jardine, Army, Camp Maxey, Texas.

Capt. Marvin H. Kendrick, Army, A.P.O. 506, New York City.

Lt. William C. McCune, Army, Woodrow Wilson Gen. Hosp., Washington, D. C.

Lt. Louis C. Posey, Navy, Naval Hosp., Bethesda, Md.

Capt. Karl Shepard, Army, March Field, Calif.
Capt. Howard N. Simpson, A.P.O. 622, Miami, Fla.

*Lt. Lamar Soutter, Army, Lawson Gen. Hosp., Atlanta, Ga.

1936

*Capt. David Ennis, Army, A.P.O. 4735, New York City.

*Major William H. Frackelton, Army, Beaumont Gen. Hosp., Ft. Bliss, Texas.

*Major James V. Freeman, Army, Sta. Hosp., Camp Blanding, Fla.

*Lt. Donald R. Hayes, Army, Sta. Hosp., Lincoln, Nebr.

*Capt. Charles E. MacMahon, Army, A.P.O. 629, New York City.

*Capt. John D. Moorman, Army, A.P.O. 709, San Francisco.

Lt. Hurley L. Motley, Army, Camp Livingston, La.

Capt. William L. Peltz, Army, A.P.O. 715, San Francisco.

Lt. Richard U. Peterson, Army, Carlisle Barracks, Pa.

Lt. (jg) John C. Shull, Navy, F.P.O., New York City.

1937

*Lt. Col. John A. Booth, Army, A.P.O. 825, New Orleans, La.

Lt. John S. Chase, Army, Lovell Gen. Hosp., Ft. Devens, Mass.

Lt. Raymond C. Clapp.



MAJOR JOSEPH C. EDWARDS, '34

- *Capt. Albert J. Erdmann, Jr., Army, 154th Sta. Hosp.
- Lt. (jg) Elliott S. Hurwitt, Navy, Naval Hosp., Sampson, N. Y.
- Lt. Clarence E. Nelson, Army, Sta. Hosp., Ft. Douglas, Utah.
- Capt. John C. Nunemaker, Army, Sta. Hosp., Camp Carson, Colo.
- *Lt. Comdr. Ralph C. Parker, Jr., Navy, F.P.O. New York City.
- Major John B. Pearson, Army, Sta. Hosp, Harlingen, Texas.
- Capt. Edward W. Phifer, Jr., Army, Camp Blanding, Fla.
- Lt. Richard W. Smith, Army, Air Force, San Francisco, Calif.
- Lt. William W. Tribby, Army, A.P.O. 668, New York City.
- *Capt. Lester P. K. Yee, Army, A.P.O. 923, San Francisco.

1938

- Lt. Harold Bengloff, Army, Sta. Hosp., Camp Edwards, Mass.
- *Capt. Leo J. Cass, Army, A.P.O. 709, San Francisco.
- Lt. Cornelius Daly.
- *Capt. Richard F. Davis, Army, A.P.O. 958, San Francisco.
- *Major Lucio E. Gatto, Army, Orlando, Fla.
- *Lt. Bernard C. Glueck, Jr., Army, A.P.O. 3479, New York City.
- *Capt. Philip V. Harrington, Army, Camp Pendleton, Va.
- *Lt. Charles S. Hascall, Jr., Navy, Naval Hosp., San Diego, Calif.
- *Lt. Comdr. Hunt B. Jones, Navy, F.P.O., San Francisco.

- *Lt. Comdr. Herbert T. Leighton, Navy, U. S. Naval Hosp., Chelsea, Mass.
- Lt. Sumner D. Liebman, Army, 104th Evac. Hosp., Camp White, Ore.
- Capt. William H. O'Brien, Army, A.P.O. 758, New York City.
- Samuel Silverman, Army, Nichols Gen. Hosp., Louisville, Ky.
- *Lt. Edward L. Smith, Navy, Arizona State Teacher's College, Flagstaff, Ariz.

1939

- *Capt. Eben Alexander, Army, University of Ill. Med. Sch., Chicago, Ill.
- Lt. Branch Craige, Jr., Army, Wilmington, Del.
- *Lt. Robert McH. Johnson, Army, A.P.O. 183, Los Angeles.
- *Lt. Walter W. Kemp, Navy, Naval Med. Sch., Washington, D. C.
- *Capt. John R. McDaniel, Army, A.P.O. 764, New York City.
- *Capt. Max Michael, Jr., Army, A.P.O. 913, San Francisco.
- *Lt. Arthur S. Pier, Jr., Army, A.P.O. 929, San Francisco.
- *Capt. Robert A. Scribner, Army, A.P.O. 928, San Francisco.
- *Capt. Steward H. Smith, Army, Randolph Field, Texas.
- *Lt. Comdr. John B. Stanbury, Navy, Naval Training Sta., Newport, R. I.
- *Lt. (jg) Ward R. Vincent, Navy, F.P.O. San Francisco.
- Lt. Ernest H. Wood, Jr., Army, Camp Pickett, Va.

1940

- *Capt. Edwin C. Albright, Army, A.P.O. 923, San Francisco.
- *Capt. Milton F. Brougham, Army, A.P.O. 760, New York City.
- *Lt. (jg) Charles F. Chandler, Navy, F.P.O., New York City.
- Lt. Francis T. Gephart, Army, A.P.O. 263, Camp Beale, Calif.
- Lt. (jg) Edward J. Palmer, Navy, F.P.O., New York City.
- *Lt. Philip L. Pillsbury, Army, Edgewood Arsenal, Md.
- *Capt. Frederick C. Robbins, Army, A.P.O. 4773, New York City.
- *Capt. Charles W. Sorenson, Army, A.P.O. 4652, San Francisco.
- *Lt. Hrad H. Zooloomian, Army, Ft. Lauderdale, Fla.

1941

- Lt. Craig W. Borden, Army, Warner Robbins, Ga.
- *Capt. Simpson S. Burke, Jr., Army, San Diego, Calif.
- *Lt. (jg) Joseph M. Foley, Navy, F.P.O., New York City.

- *Lt. Henry S. Fuller, Army, 25th Field Hosp.
- *Lt. Wesley L. Furste, Army, A.P.O. 4819, New York City.
- Lt. Stanford S. Kroopf, Army, Sta. Hosp., Miami Beach, Fla.
- Lt. (jg) Robert L. Ohler, Navy, Buffalo, N. Y.
- *Lt. William A. Reyer, Army, Seymour Johnson Field, N. C.
- *Capt. Sheldon C. Sommers, Army, A.P.O. 302, New York City.
- *Lt. John E. Stewart, Navy, 18th Marines.
- *Lt. Jason LaR. Wiley, Jr., Navy, F.P.O., San Francisco.

1942

- Lt. Stanley August, Army, A.P.O. 200, Camp Shelby, Miss.
- Lt. Charles Averill, Army, Patterson Field, Ohio.
- Lt. (jg) William B. Ayers, Navy, F.P.O., New York City.
- Lt. (jg) John J. Beck, Navy, F.P.O., New York City.
- Lt. Philip K. Bondy, Army, Carlisle Barracks, Pa.
- Lt. Francis W. Bradbury, Army, Camp Bretner, N. C.
- Lt. William B. Brewster, Jr.
- Allen D. Callow, Navy, F.P.O., New York City.
- Lt. James P. Cattell, Army, Lovell Gen. Hosp., Ft. Devens, Mass.
- John S. Chambers, Jr.
- *Lt. Burdick G. Clarke, Navy, F.P.O., New York City.
- Lt. (jg) William G. Donald, Jr., Navy, F.P.O., San Francisco.
- Lt. (jg) Thomas L. Duncan, Navy, F.P.O., New York City.
- Lt. (jg) Robert E. Eckel, Navy.
- Douglas A. Farmer.
- Lt. John J. Farrell, Army, Det. Service, University of Chicago, Ill.
- Lt. Don W. Fawcett, Army, Ft. Bliss, Texas.
- Lt. (jg) Ralph McL. Fox, Navy, Navy Recruiting Sta., Indianapolis, Ind.
- Lt. (jg) Robert W. Gage, Navy, Naval Training Sta., Bainbridge, Md.
- Lt. Richard W. Greene, Army, Sta. Hosp., Camp Berkeley, Texas.
- Lt. George A. Higgins, Jr., Army, Sta. Hosp., Camp Hood, Texas.
- Lt. (jg) Lawrence E. Hinkle, Jr., Navy, Naval Med. Center, Bethesda, Md.
- Lt. Calderon Howe.
- Lt. (jg) William S. Jordan, Navy, Iceland.
- Lt. Lucien Cyril Kavan, Army, Carlisle Barracks, Pa.
- Lt. Edmund P. Kelley, Army.
- Lt. James E. Lewis, Jr., Army, O'Reilly Hosp., Springfield, Mo.
- Lt. William McC. McConahey, Jr., Army, Med. Det. 66th Inf. Reg., Camp Carson, Colo.
- Lt. William V. McDermott, Jr., Army, Camp Edwards, Mass.
- Lt. John P. Merrill, Army, Mitchell Field, N. Y.
- Lt. George Mixter, Jr., Navy, Naval Receiving Sta., So. Boston, Mass.
- Lt. Chester W. Morse, Army, A.P.O. 445, Camp Swift, Texas.
- Lt. Donald C. Nabseth, Army, Waycross Army Air Base, Ga.
- Lt. (jg) David G. Neander, Navy, F.P.O., New York City.
- Lt. John R. Newstedt, Army, Camp Hood, Texas.
- Lt. Daniel E. O'Reilly, Army, A.P.O. 83, Camp Breckenridge, Ky.
- Lt. Joseph F. Paterson, Jr., Army, Camp Haan, Calif.
- Lt. (jg) John H. Peters, Navy, Naval Training Sta., Newport, R. I.
- Lt. (jg) Lindley B. Reagan, Navy, Camp Le Jeune, New River, N. C.
- Lt. Harlow G. Richards, Army, Sta. Hosp., Ft. Lewis, Wash.
- Lt. Richard V. Riddell, Army, Camp Hood, Texas.
- Lt. Theodore P. Robie, Army, Camp Swift, Texas.
- Lt. Seaborn A. Roddenbery, Army, Sta. Hosp., Drew Field, Fla.
- Lt. Ernest Sachs, Jr., Army, Camp Breckinridge, Ky.
- Lt. Abbott Skinner, Army, Base Hosp., Army Air Center, Nashville, Tenn.
- Lt. (jg) James H. Strauch, Navy.
- Lt. Joseph B. Stull, Army, Stark Gen. Hosp., Charleston, S. C.
- *Lt. John Q. U. Thompson, Navy, Naval Receiving Sta., Brooklyn, N. Y.
- Lt. Albert E. Weiner.
- Lt. Laurence G. Wesson, Jr., Camp Swift, Texas.
- Lt. (jg) Eugene A. White, Navy, Navy Yard, Phila., Pa.

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Editorial

The Editorial Staff is receiving a good many letters of appreciation which we would like to publish but cannot find space for. These remind us of the letter which President Lowell wrote us over sixteen years ago on the occasion of the first publication of the BULLETIN after a long lapse of time. (Joseph Garland was then president and Albert A. Horner was business manager). President Lowell's letter reads as follows:

"I write to tell you how much value I think the Medical School Alumni Bulletin may have. There is great importance in anything that will keep the alumni in touch with the School let them know what the instructing staff are doing, how they are attempting to teach the laboratory and

clinical subjects as closely related parts of one great subject, and all as means to the treatment of patients.

One of the serious difficulties encountered by our institutions of higher learning is the ignorance on the part of the alumni of the changes that have taken place since they graduated, and the consequent inability to understand the progress that has been going on, any one part of which seems to them inconsistent with what they suppose the rest of the institution to be.

Therefore I welcome most heartily the foundation of this new bulletin."

Very truly yours,

A. Lawrence Lowell.

This is our editorial vade mecum. We are endeavoring to keep alumni in touch with each other and with the School by special articles, letters, alumni and Medical School notes. We plan continual improvement of the BULLETIN. Let us remind you, however, that the size and quality of the BULLETIN depend upon the answers to voluntary appeals which we send out to alumni each January. The BULLETIN is only partially supported by advertising.

One of the activities of the alumni office is to keep up-to-date files covering the activities of all graduates. At the present time a really fine job is being done with military news. We have records of over 5,000 alumni, over 1,400 of whom we know to be in the service. Only a few so far are recorded as casualties of war (at the present writing 3 deaths, 2 "missing in action" and one prisoner of the Japanese). Some day this accumulation of facts will be of historical importance.

More news of alumni both here and abroad is urgently needed. The BULLETIN will publish all that it possibly can, for we feel that men now in distant lands will appreciate all that they can hear of old friends and classmates.

News from the Front

Dear Mrs. Wilson:

The June number of the HARVARD MEDICAL ALUMN BULLETIN finally caught up with me today and it seemed like a good time to send you my present address. At least the A.P.O. number, 263, will probably stick for the duration!

I left the M.G.H. surgical service (East) on June 19 and reported to Carlisle Barracks, Pennsylvania, July 2 for the usual six weeks' course. From there came out to California where I have been assigned to the 13th Armored Division as you can see above.

My regards to you and any of the others at the Medical School who may remember one from the Class of '40!

LT. F. THOMAS GREPHART, '40.

* * *

A CASE OF MISTAKEN IDENTITY

Dear Dr. Heath:

I read with pleasure the June issue of the ALUMNI BULLETIN, but found one error which should be corrected. Although my classmate, Earle Webster, is no doubt serving with the Marines in the South Pacific, he probably never knew and certainly did not marry Miss Catherine Mac Innes of Hyde Park, Mass., on May 5. I had leave at the time and was married to her myself.

Occasional letters have revealed the following information about members of 1940. Tom Weller and Bill Hill are stationed somewhere in the Caribbean Area doing tropical medicine. Frank David wrote that he and several other Harvardites were taking the courses in Aviation Medicine at Randolph Field. Tom Paull is the Medical officer on the U.S.S.— and has been everywhere from Casablanca to the South Pacific and back again, Carl Hedblom has been stationed with an evacuation hospital in New Caledonia and the New Hebrides for over a year. I have been aboard this ship since January and can recommend destroyer duty as the best in the fleet. Like all good sailors, we love

the ocean best when viewed from our home port.

LT. (j.g.) ANDREW G. WEBSTER, '40.

* * *

Dear Mrs. Wilson:

The June MEDICAL ALUMNI BULLETIN, recently arrived, merits a minor correction. It is true that I have been with Marines in the South Pacific since November, 1942, having met several classmates in that area, notably Julius Bell, '40, Sam Ellmore, '40, and James Dingman, '39.

It is not a fact, however, that I was married May 5 to a young lady from Hyde Park, Mass., nor to any other young lady. Perhaps a typographical error has once more confused Andy Webster and myself. If so, to Andy and to the young lady, congratulations.

LT. (j.g.) EARLE H. WEBSTER, '40.

* * *

Dear Mrs. Wilson:

I wish to express my appreciation for the ALUMNI BULLETIN of which I have just received the latest issue.

I am at present a first assistant in the section of pathologic anatomy at the Mayo Clinic. My wife and I share the joys and cares of parenthood in Nancy, aged 2. We enjoy it here and I have met a few of my classmates here, viz. D. L. Dunlap, a first assistant in medicine, J. R. Johnson, and Sweeney.

JAMES G. BENNETT, '39.

* * *

Somewhere in North Africa.

Dear Mrs. Wilson:

Received the April Medical ALUMNI BULLETIN today. Enjoyed it very much and believe it will help locate a few more friends over here. About five months in Africa has made me appreciate the homeland. Sorry to read about Jim Smith's death.

Hope the BULLETINS keep coming.

CAPT. JOHN R. EARL, '33.

Dear Dr. Means,

I was very glad to get the card that you and Dr. Jones and Dr. Breed sent me and I appreciate it very much. You probably never received the letter I wrote you from the Australian bush, as I find that many of the letters I wrote from there went astray. I have thought very often of you and the Massachusetts General and I wonder how things are going with you. I should think all the doctors and hospitals at home would be pushed to the limit now and it must be quite a strain. We follow the MGH news with great interest, also the activities of the 6th General Hospital.

We have been very lucky so far in several respects; first in getting over here fast, second in having had a lot of work to do, and third in having the opportunity to know Australia and the Australians. The type of work we have done has, in some ways, been a far cry from the work we did at the General. On the medical services malaria has assumed a gigantic role, with the psychoneuroses a close second. In addition there has been a certain amount of dysentery, plenty of hookworm, and a scattering of the diseases common in any hospital at home. We have seen malaria in many of its forms, have learned a lot about it and have acquired a very strong respect for it. For quite a while our patients were derived largely from the soldiers fighting in the New Guinea Campaign. The ordeal that those men faced and overcame was rigorous and exhausting in the extreme. Many of them, wracked with chills and fever, debilitated and wasted from fatigue, heat, disease and a diet consisting chiefly in bully beef, would arrive in our hospital thirty or forty or fifty pounds underweight, anemic, sallow and pale. It is little wonder that some of them presented the symptoms of acute anxiety, hysteria or depression. It was amazing and gratifying to see the recovery that they made with rest, food, and anti-malarial therapy. Their courage and stamina and spunk impressed us all. They were a great bunch, and I never appreciated my fellow Americans so much as I did after knowing the men of that division.

Some of us have had the good fortune to work with the Australians on "detached service," for a time. This experience has been invaluable. For a large American Army General Hospital is a relatively close knit and self-sufficient organization, and absorbs one's interests to the point where its surroundings, the country it is in, tend to slip into the background and in many ways remain forever strange and unfamiliar and unknown. When we went into the bush I think we saw the real Australia, and for the first time we lived with, worked with and took care of Australians. The bush country was flat, hot, dusty, swarming with bush flies, sheep and cattle. The vegetation consists chiefly in short stubble grass and eucalyptus trees, many of the latter dead or dying, dry, bare and gray. The wool industry is tremendous. The vast country will support few people but many sheep. We worked in a little camp hospital, dealing chiefly with acute illnesses and taking sick call each morning at five or six camps in the vicinity. I was greatly impressed with Australian medicine and with the Australian doctors. Our boss was an old major, a wonderful and charming person and one of the finest clinicians I have ever known. There was little in any field of medicine or surgery that he had not seen, having done general practice for thirty-seven years. In that time he had delivered ten thousand babies! Without the benefit of any laboratory facilities and with no x-ray we felt still that we got on very well.

The kindness and generosity shown us by the Australians will remain vividly in my memory as long as I live. They did everything for us, took us to parties, and dinners, and dances, had us for tennis, gave us teas, took us over the sheep stations and welcomed us into their daily life and existence in such a generous and friendly way that it was really touching. The Australians are kind, cheerful, generous people, wiry, lean and tough in the extreme, with great bravery and endurance. They are very English in their ways of living; they eat often, chiefly tea and scones, six or seven times a day, they work in an apparently leisurely

fashion but tirelessly and with great perseverance and stamina. They enjoy conversation and make the time and the effort to know a stranger. They regard their dangers, their sacrifices and their future with great courage, optimism and a sort of philosophical calm. They are unswerving in their loyalty to England and are intensely proud of the Empire to which they belong.

Their doctors are extremely good and those that I have seen are capable of coping with any ordinary situation, medical, surgical or obstetrical. It is largely a country of general practice and the training is directed to that end. The doctors are scattered and hard pressed now, one man taking care of all the needs of a widespread community of seven or eight thousand people, and doing part time Army work as well. They work easily, phlegmatically, cheerfully and consistently. We routed the doctor in a little nearby bush town out of bed at one A.M. one night for a soldier with acute appendicitis. Assisted by an elderly nurse, with myself giving the anesthesia and a possum peering in through his hospital window, he finished a really beautiful operation by about three A.M. He then insisted that I go home with him for a drink of whiskey. By eight in the morning he was hard at work on a long line of patients, entirely trim and fresh.

I am at present in New Guinea, our general hospital having sent out two tiny portable hospitals into distant sphere. We are at the moment at rest and idling away the time, and very anxious to get going. Our time spent here has been well worth while, though, for it has given our men a chance to recuperate fully from the effects of the last campaign and it has given us a wonderful opportunity to observe the country and the native life. It is pretty hot and muggy but not at all gruelling as yet and New Guinea is ruggedly beautiful with magnificent mountain views. Malaria is of course fairly widespread but I think both the Australian and American Armies are doing a grand job of controlling it. We have seen a considerable amount of scrub typhus which is not very uncommon here and

which is a pretty dreadful disease, with a not insignificant mortality rate. It is caused by a mite bite, the mites abounding in the Kula grass and scrub and infecting themselves from bandicoots and other rodents. The disease is often heralded with an ugly dirty eschar at the site of the bite, followed by severe headache and backache, delirium or semi-stupor, macular or macular-papular rash, often chills, high fever, and usually a gradual recovery at the end of three or four weeks, or else increasing stupor, cyanosis, coma and death about the end of two weeks. It is easily confused with cerebral malaria.

Perhaps our most interesting experience in New Guinea so far was a trip to a native hospital, run by the Australian government. It is in a remote and lonely place. An Australian medical captain is the one doctor and a lieutenant who has worked with the New Guinea natives for many years in a government capacity is the administrative agent. The hospital consisted of half a dozen small buildings perched on poles. Buildings with a wooden framework and walls of thatch or palm leaf. The patients lay on the floor on little straw mats, usually with one blanket over them. We saw litter bearers with shrapnel and gunshot wounds. Such men as these perhaps altered the whole course of the campaign here and it was with no small respect that we looked at them. We saw cases of severe malnutrition, beri-beri, and yaws. Yaws is very common among the natives but I think we all saw it for the first time. It is a dramatic disease to see, as it has chiefly cutaneous and osseous manifestations and presents a weird and gruesome picture, a picture half way between leprosy and lues. We saw a woman with a primary yaw on her face, a great plague-like dirty ulcer with a dirty yellow crust. A small baby was covered with secondary yaws—papular and raspberry-like excrescences from head to foot. Several men had the tertiary signs—rubbery gummatous swellings of the skin and subcutaneous tissues, saber shins, and destruction and disintegration of the toes. The cure of the disease is fortunately as dramatic as its appearance,

at least if treated early. The patients with malnutrition and beri-beri were a pathetic spectacle. Their condition is undoubtedly a result of the war. Before the war the natives received supplies and good medical care from the Australians. In addition the native villagers all had gardens in which sweet potatoes, arrow root and pumpkins were produced, and there was of course a supply of bananas, cocoanuts, sago palm and fish. The Japanese invaders pillaged and destroyed the native crops and gardens, cut down the cocoanut trees, ate all the natives' food and made slaves of the natives themselves whenever they could. A migration of natives from their well-chosen, well-set-up villages took place of necessity, and many of these poor creatures are now faced with starvation. The problem is a desperate one, as lack of food, a declining birth rate and a rising incidence of disease, chiefly tuberculosis, may have catastrophic consequences on the native population if the war lasts long enough. The natives are picturesque, friendly, intelligent and alert. They are good people.

It is now quite a while since we were at the 105th, and my news of our friends there may be somewhat out of date, but you will be interested in hearing about them. Lt.-Col. Thorndike is a wonderful leader, sympathetic and understanding toward everyone, and it is owing to the efforts of him and Gene Eppinger that our hospital has risen to what it is today, a really huge place taking care of a very large number of patients. Jerry Greene, Myles Baker, Henry

Clifford, Bill Hay and Harold Levine rotate round as heads of the various medical services and they are grand people to work under and learn from. Jerry Greene took over the whole medical service while Gene was on an expedition in New Guinea. Myles Baker is in charge of the malaria service and gives lectures on the disease to Australian and American medical personnel. The neuro-psychiatric, G-I, and skin services are run by Harold Carsen, Jim Borland and Herman Erlanger respectively, all masters in their field, and their services are extremely interesting and busy. Paul Kunkel, Gus Kaufmann, Dick Cosby, and Ed Albright are rotating around on the different services and working very hard. John Lambert has become a surgeon. Lew Dahl is in our other portable hospital, the Fifth. He and I have had some swell tennis and golf games together. Eddie Cave is Chief of the Surgical Service and Dick Thompson is with one in the Fourth Portable Hospital. Joe Brogden and Al Coons have done a remarkable job on the laboratory and have a most efficient and smooth organization which handles an endless and staggering amount of work in expert and cheerful fashion.

I'll drop you another line when we get set up and active again. We have no very clear idea as yet what we shall be assigned to but we have hopes of getting up in there and to work soon.

Sincerely yours,

LT. ARTHUR PIER, '39.

HARVARD MEDICAL SCHOOL NOTES

The past summer has wrought considerable change in the appearance of the Medical School at work, for most of the students are in uniform. As of September 26th, 311 students were in the Army Specialized Training Unit and 144 in the Navy. Only 13 per cent of the student body is not enrolled, yet over half of them hold reserve commissions. The enrolled students receive their board and tuition free, and get pay besides. Actual military duties are few and interfere as little as possible with school curriculum which proceeds much the same as before. The Army students have four hours a week of military medicine, those in the Navy one evening a week indoctrination. First formation is at 7:00 A.M. (somewhat of a hardship to the married student who may live out of Vanderbilt Hall but must be present at formation three mornings a week). Every Friday at 5:15 P.M. the students gather in the quadrangle for Retreat, an impressive ceremony. These uniformed, and to some extent regimented students are fortunate in being headed by intelligent, liberal-minded men. Captain Jerome L. Rosengard, M.C., is in charge of the Army students. Captain M. C. Huppoeh is in charge of the Navy students.

Aside from these activities and the accelerated courses, there is perhaps only one other function which alters the peace-time curriculum. A Fourth-Year course of twelve sessions in Tropical Medicine is held Tuesday afternoons. This is voluntary but the entire class takes the course. The first lecture was given by Brig. Gen. (Retired) James C. McGee.

The Association and the School, sharing expenses equally, are constructing a film of Harvard Medical School with the help of the Harvard Film Service. Considerable pains have been taken with the script. The film will be 16 mm., colored, with running comment, maybe some music. It is planned to have it available, free, to alumni throughout the country. An important scene has already been taken: Students arriving at Fort Devens in civilian garb, being inducted and then leaving in uniform.

Dr. Harry C. Solomon has been appointed Professor of Psychiatry and Director of the Boston Psychopathic Hospital to take the place of the late Dr. C. Macfie Campbell. Dr. Solomon should be well known to all students of the Medical School since the last war. His new position is the natural reward of years of faithful, energetic and forceful teaching and research in neurology and psychiatry. He has always been popular with students for his clear, sincere approach to and clarification of problematic features of one of the most difficult fields of medi-

cine. Perhaps his chief contributions in research have been in the thermal treatment of paresis. He has been active in this war in the psychiatric aspect of selective service, particularly in this community.

Today, the show place of the Harvard Medical School is the new animal house erected between the wings of Building D. This has long been needed and will be shared by the new Division of Infectious Diseases. The visitor to the animal house is frankly very much impressed with what appears to be an expensive, though simple, permanent, two-story building with tile and glass brick walls. Separate, small rooms are on each side, with utility, storage and sterilizing rooms in the center. Particular care is paid to ventilation and to rendering the building insect-proof and cleanly. In the use of animals for the study of infectious disease the control of insect vectors is particularly important, and obviously more difficult than in man. We are told that not the least of the troubles in the past has been that members of the staff working with animals not infrequently carried home bed bugs, and other beasties. It is really strange that the Medical School has had heretofore no satisfactory place in which to conduct animal experiments in infectious disease.

The Division of Infectious Diseases, which shares the new animal house, is a new organizational scheme which unites several departments: Bacteriology and Immunology, (Prof. Howard Mueller), Comparative Pathology and Tropical Medicine (Prof. Rene DuBos) and Preventive Medicine (Prof. John Gordon). There are also representatives of pathology, pediatrics, surgery and medicine. The individual work of the three departments should be much enhanced by their close association through the Division of Infectious Diseases.

Incidentally, Prof. Howard Mueller impresses the editor as something of a cooperative genius, (and let us add, cooperation today is the essence of cultural advancement). When Dr. Mueller takes you to the animal farm, have him show you also his 25,000 mice, and his culture-media room which will provide for at least two hospitals and three departments.

Dr. Eugene Landis, who was appointed last year George Higginson Professor of Physiology to take the place of Dr. Walter B. Cannon (retired) has just begun his new course in Physiology to first year students. His first lecture presented a general consideration of the functions of the circulatory system. Immediately after the lecture the students began their laboratory work in physiology by studying the behavior of their

peripheral vessels, and by observing their blood pressures and pulse rates during rest and under various common types of stress such as graduated exercise, standing, and mild pain. With this introduction to the whole problem they were in a position to understand and appreciate the importance of the next group of laboratory exercises, consisting of more exact and analytic observations on the circulatory system of the anesthetized cat, on the turtle heart, and on the frog's capillaries. So far as possible this same sequence will be used in the laboratory for other systems also.

Since physicians deal with human beings it is generally agreed that students should at an early stage in their training in physiology become aware of the vast amount of information concerning function that can be obtained by acute and painstaking observation of the intact human being. It is equally essential, however, for the student to realize that these general observations, like a physical examination in the clinic, must often be amplified and analyzed by more precise and quantitative methods. It is expected that this approach will stimulate the student to appreciate and understand the need for those detailed, accurate, and well controlled experiments which form the unique contribution of the physiological laboratory not only to physiology itself, but also to medicine in general.

The laboratory work will also be arranged to use, so far as possible, well-established modern techniques for the study of changing physiological states in man. The medical student will then be better prepared for reading about, or using, these techniques in the clinical years, because he has been introduced to their virtues and limitations early in his training. To take care of future developments and new methods the student laboratories have therefore been made completely adaptable. Over-all mobility of desks and general equipment has been insured by installing a rich supply of wall and floor outlets with the services necessary for both student and general research purposes. These stations, numbering ten per room, provide direct and alternating current, low voltage current, compressed air, suction, spare electric circuits for future installations, apparatus for using smoked paper, artificial respiration, and time markers. A hot and cold room have been added to the general teaching laboratories to permit students to study on themselves the effects of changes in environmental temperature. A liberal supply of spirometers and apparatus for gas analysis permit thorough-going study of human metabolism and respiration. It is expected that these adaptable teaching units in Building C will permit steady improvement in the teaching of physiology for many years to come.

Necrology

1883

ALTON ATWELL JACKSON died July 26, 1943 at Everett, Mass.

1886

JOHN JOSEPH BRENNAN died Aug. 26, 1943 at Worcester, Mass.

1887

CHARLES POOR BRIGGS died June 13, 1943 at Lexington, Mass.

WILLIAM FESSENDEN WESSELHOEFT died June 27, 1943 at Boston, Mass.

1889

EDWARD JACKSON DAVIS died Jan. 18, 1943 at St. Louis, Mo.

1891

JOHN BAPST BLAKE died recently at Boston, Mass.

1894

EDWARD FRANCIS CARROLL died February 15, 1943 at Riverside, R. I.

1895

JOHN HENRY ASH died February 15, 1943 at Quincy, Mass.

'95-'98

ABRAHAM SAMUEL WINGERSKY died May 23, 1943 at Rutland, Mass.

1899

HARRY CHAMBERLAIN LOW died Sept. 13, 1943 at Pembroke, Mass.

1901

JOHN HERBERT JOHNSON died April 30, 1943 at Cambridge, Mass.

FRANCIS RONAN MAHONY died May 17, 1943 at Lowell, Mass.

1904

EDWARD JAMES FITZGIBBON died July 12, 1943 at Dorchester, Mass.

RALPH PORTER KENT died Aug. 5, 1943 at Oak Bluffs, Mass.

1911

MORRIS FRANK died June 17, 1943 at Roxbury, Mass.

GEORGE ADAMS LELAND died September 22, 1943 at Boston, Mass.

1919

PAUL NATHANIEL NEAL died Jan. 12, 1943 at Boston, Mass.

1920

PHILIP ROCHE DWYER died February 28, 1943 at Salem, Mass.

1927

CHARLES LEWIS HAYWOOD, JR. died August 23, 1943 at Elkin, N. C.

SAMUEL GLENN MAJOR died October 14, 1942 at Pittsburgh, Pa.

1939

LIEUTENANT LUCIUS TOWNSEND WING died June 1943 of wounds received in action in the European area.

